



# The N'doro Model – Integrating Palliative Care into the continuum of care of HIV/AIDS

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Wits Palliative Care



# An Important Part of HIV Care

- The WHO – palliative care is an essential part of HIV Care.
- The most neglected aspect of HIV care.
- More than 80% of people with HIV suffer with more than 3 pains
- Evidence from the UK suggests that palliative care will not become obsolete even with widespread availability of ARV drugs

# Palliative Care Improves the Quality of Life for HIV Infected Patients

- By providing pain and symptom relief during immune reconstitution syndrome
- Symptoms associated with ARVS
  - Enhances adherence
- End-of-Life care when treatment failed, declined treatment or no treatment
  - More than 95% of people who need treatment cannot access it

# The WHO understanding of HIV Palliative Care

- Palliative Care is an essential component of a comprehensive package of care for people living with HIV/AIDS because of the variety of symptoms they can experience: Pain, Diarrhoea, Cough, Fatigue, Fever.
- Lack of Palliative Care places an unnecessary burden on hospital or clinic resources.

# Not Synonymous with Home Based Care

- Delivered by a multi-professional team which is holistic in nature.
  - Addresses social, physiological, physical and spiritual needs
- Hallmark is expertise of pain and symptom control.
- Care and support with no drugs = care and support.
- Drugs alone = anesthetics

# A Basic Human Right and it Works

- Successful Palliative Care in Uganda and India – not a luxury
- Essential to any public health strategy
- Nascent in Africa but donors should not set up unsustainable parallel systems

*"Compassion without wisdom is inefficient"*

*Euripides 485 – 406 BC*

# Important Considerations of Principles for the Donor Community

- The WHO principal of Government Stewardship.
- The NGO'ised AIDS response – an untheorised consensus
- Need to combine state and community based interventions
  - *Ogden, Esim, Grown – Horizons Report*

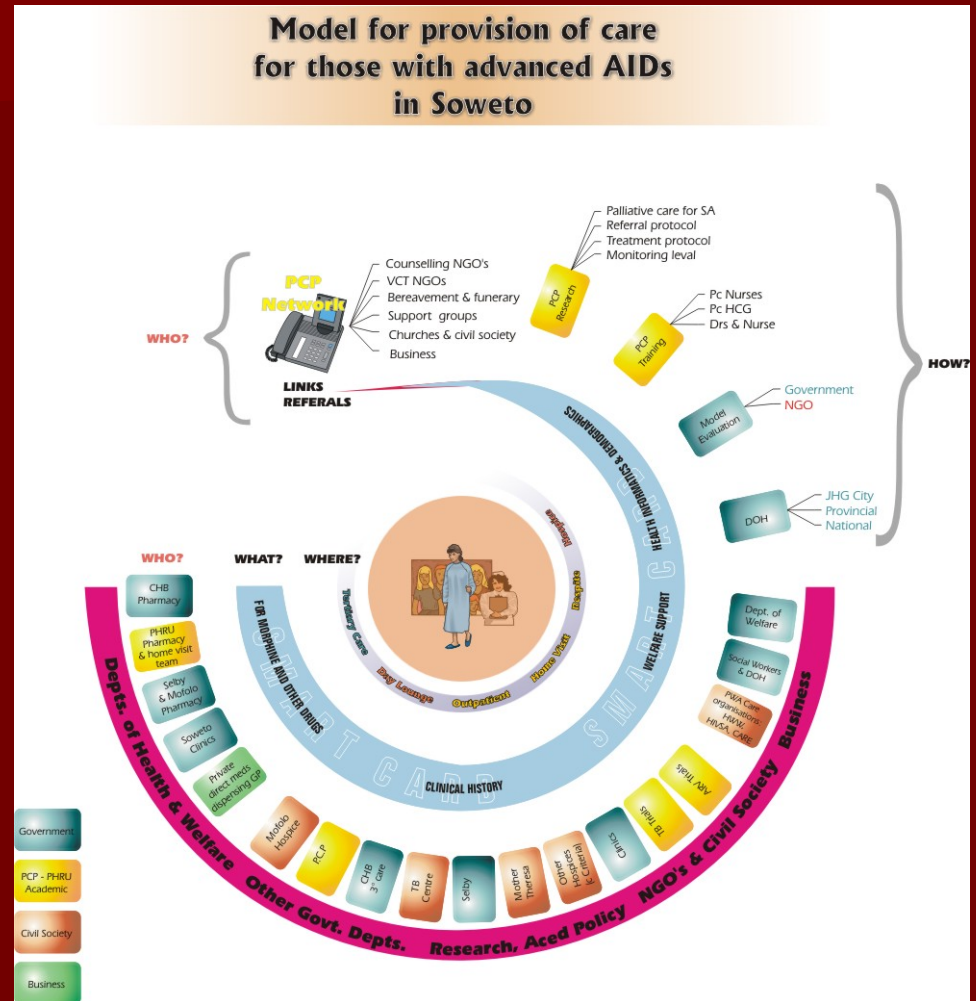
# How N'doro Model Achieves Equity and Sustainability

- Work with Government to inform policy
- Working with the public sector
  - Strengthens PHC sector and ARV Rollout
- The Soweto Care Giver's Network
- Integration of Services
- Linkages and Referrals



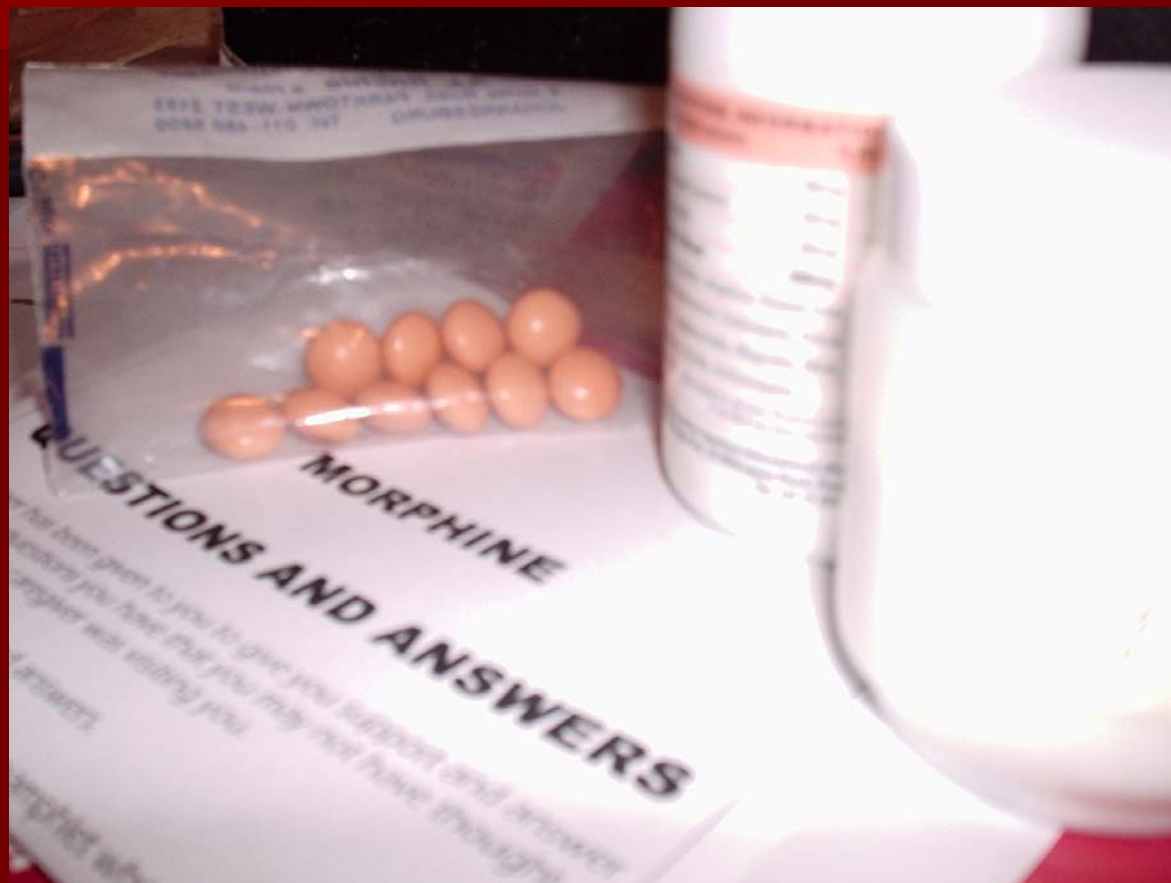
# From Pilot for 3 years to a Hospital Service

- First public health sector outreach palliative care service in South Africa
- Collaborates with NGO's



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# Contribute to Policy in the NDoH Palliative Care Advisory Group



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# Defining Features – Finding the Missing Linkages

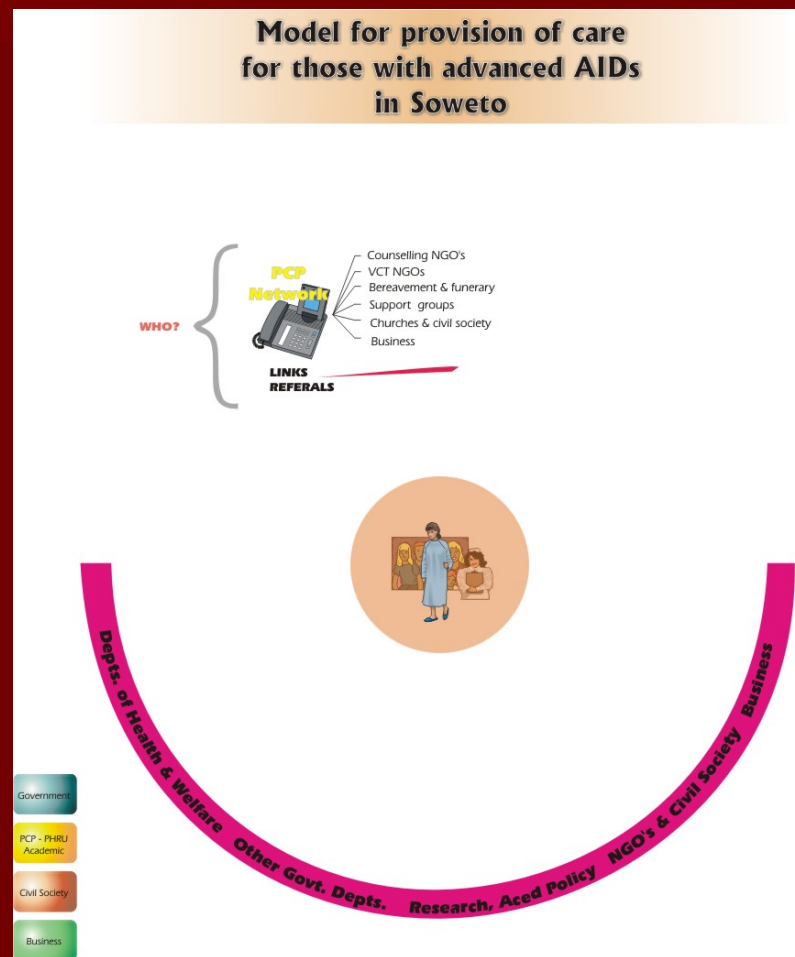
- Hospital – Based Community Outreach
- District Service
  - Mobile
  - Easier Referrals
  - Patient Trust
  - >5000 visits
- Chronic Diseases Model of Integrated Care
  - New Clinic
  - Smart Card STAT System
  - Groves, Wagner 2005, BMJ
- Soweto Care Givers' Network



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# Networks & Links

- Model for Palliative Care for those with Advanced AIDS in Soweto
- Links to:
  - Counselling NGO's
  - VCT NGO's
  - Home Based Care Organizations
  - Bereavement & Funerary
  - Support Groups
  - Churches and Civil Society
  - Business



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# Integration and Linkages of Services

- Definition of Integration
- Palliative Care cuts across sectors
  - From diagnosis to end-of-life
  - From surgery to medicine
  - From primary to tertiary
- N'doro integrates care with strong formal referral and back referral systems and will soon provide palliative care in the same facility
- Linkages between
  - NGO's and public sector via Soweto Care Givers' Network
  - Primary – Tertiary Care



# Links in Action

- Hospital Palliative team
- HPSCA – Mofolo Hospice
- ARV Clinic Case Meetings
- Oncology Care Meetings
- Local Clinics – telephone & teaching
- AIDS Law Project
- Faith Based Organizations
- Soweto Care Givers' Network
- Call Centre
- Management System



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# The Soweto Care Givers' Network

- A district Level Network
- Already enabling referrals between NGO's
- Potential Role in enabling referrals between NGO's and Public Sector



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# Kesereleng Building Project – A New Health Paradigm

- Adult HIV
- Children's HIV
- TB
- Palliative Care
  - Role for Care Programmes

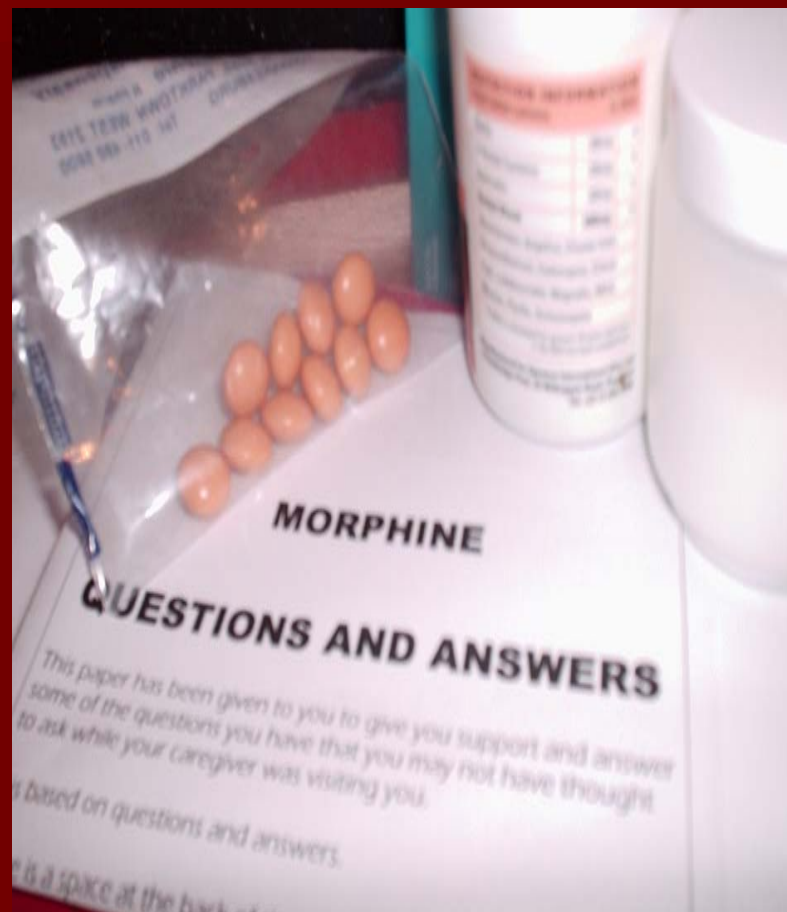


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# Drugs and Clinical Care

- Use Government supplies only EDL
- Morphine Step 2 Analgesics
- Physiotherapy, dieticians, emergencies
- Clear treatment algorithms, evidence based. Share knowledge
- Opioid literacy campaign



# Linkages Welfare & Care

Welfare  
Support

Department of  
Welfare

Social Workers  
& DoH

PWA Care  
Organizations



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# Dept of Social Development - links



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# Costs

- Not "too expensive"
- Nurse- clinicians can provide bulk of care
  - Clear protocols, when to treat, when to refer
- Working with HBCs efficient
- Hospital bed one night R1600
- One home visit R290
- 'protect' beds vs appropriate referrals



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